

Applicant or Patentee: Harry C. Eggleston
Serial or Patent No.: _____ Attorney's Docket No: 7487
Filed or Issued: _____
For: Modular Intraocular Implant

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(c) - SMALL BUSINESS CONCERN**

I hereby declare that I am

- (☒) the owner of the small business concern identified below:
(☐) an official of the small business concern empowered to act on behalf of the concern identified below.

NAME OF CONCERN: Harry C. Eggleston
ADDRESS OF CONCERN: 633 Emerson
Creve Coeur, MO 63141

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention entitled

MODULAR INTRAOCULAR IMPLANT

inventor(s) Harry C. Eggleston
described in:
(X) the specification filed herewith
() the application Serial No. _____
() Patent No. _____ issued _____

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). *NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27).

NAME _____

ADDRESS _____

() INDIVIDUAL () SMALL BUSINESS CONCERN () NONPROFIT ORGANIZATION

NAME _____

ADDRESS _____

() INDIVIDUAL () SMALL BUSINESS CONCERN () NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING _____ Harry C. Eggleston

TITLE OF PERSON OTHER THAN OWNER _____

ADDRESS OF PERSON SIGNING _____ 633 Emerson

_____ Creve Coeur, Missouri 63141

SIGNATURE _____ DATE _____

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor of the subject matter which is

Modular Intraocular Implant

the specification of which

(check one)

 x

is attached hereto.

was filed on _____ as

Application Serial No. _____

and was amended on _____

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1,56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: N/A.

Prior Foreign Application(s):

Priority Claimed

_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	_____ Yes	_____ No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	_____ Yes	_____ No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below: N/A

Application Number

Filing Date

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a). which occurred between the filing date of the prior application and the national or PCT international filing date of this application: N/A

<u>10/142,486</u> (Serial No.)	<u>05/10/2002</u> (Filing Date)	<u>Pending</u> (Status)
<u>09/372,493</u> (Serial No.)	<u>08/20/1999</u> (Filing Date)	<u>Abandoned</u> (Status)
<u>08/764,501</u> Serial No.)	<u>12/12/1996</u> (Filing Date)	<u>Abandoned</u> (Status)
<u>08/617,183</u> (Serial No.)	<u>03/18,1996</u> (Filing Date)	<u>Pat. No. 5,628,798</u> (Status)
<u>Serial No.)</u>	<u>(Filing Date)</u>	<u>(Status)</u>

I do hereby appoint Paul M. Denk, Patent Office registration No. 22,598, with offices at 763 South New Ballas Road, St. Louis, Missouri 63141, Tel. No. (314) 872-8136, as my attorney and agent with full power of substitution and revocation, to prosecute the application above set forth, and to transact all business in the United States Patent and Trademark Office in connection therewith.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of inventor:

Harry C. Eggleston

Inventor's signature:

Date:

Residence:

Creve Coeur

State of Missouri

Citizenship:

U.S.A.

Post Office Address:

633 Emerson

Creve Coeur, Missouri 63304

U.S.A.

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the specification of which

(check one)

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and was amended on _____

(if applicable)

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Prior Foreign Application(s):

Priority Claimed

_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	_____ Yes	_____ No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	_____ Yes	_____ No

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Application Number	Filing Date

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Full name of sole inventor:

Inventor's signature:

Date:

Residence:

Citizenship:

Post Office Address:

Harry C. Eggleston



3/02

Creve Coeur

State of Missouri

U.S.A.

633 Emerson

Creve Coeur, Missouri 63304

U.S.A.

Applicant or Patentee: Harry C. Eggleston
Serial or Patent No. : _____ Attorney's Docket No: 7318
Filed or Issued: _____
For: Modular Intraocular Implant

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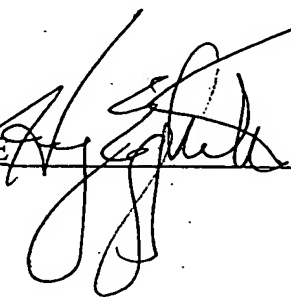
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NAME OF PERSON SIGNING Harry C. Eggleston
TITLE OF PERSON OTHER THAN OWNER _____
ADDRESS OF PERSON SIGNING 633 Emerson
Creve Coeur, Missouri 63141

SIGNATURE



DATE

